## **Family Planning Program Consent**

Name:		_ Patient ID #	Age
Agency/Clin	ic;		
ī	do he	rehy give my consent to	the medical staff of the above named
agency/clinic	, do he to examine, treat and counsel me.	teby give my consent to	the medical start of the above hamed
I understand	and agree with the following:		
	continue or discontinue a contrac	eptive method. Addition	e routine family planning visits to initiate, al covered family planning services may methods and pregnancy testing and
	I understand there are certain haz		with all forms of medical treatment and
	that the family planning program	antee of payment by insudoes not cover and for v	urance or by an aid program for any costs which I am responsible.
	•	g if not at risk, complicat	including but not limited to: colposcopy, tions resulting from Title X-covered
	I agree to a physical exam, if one		'C' L' con l'accorde d' l'al accorde
	covered by the family planning provider mig		if indicated, some of which may be
	I understand that all information a released to anyone without my pe  > positive test results of so > sexual or physical abuse	about me will be kept in rmission, except as requ me sexually transmitted of minors, or	strictest confidence and will not be ired by law. This could include:
	available to the state health depar	use a statewide databas tment and other participat I can change to anoth	e that makes my health information ating family planning programs in er participating family planning clinic and y shared.
Female client	ts only:		
	I agree to have a pelvic examination including a Pap smear, if recommended. I understand a Pap smear may not be recommended every year.		
	I understand that the test for cancer of the cervix (Pap smear) is a screening test only and may produce false negatives (cancer is present but the test says it is not) as well as false positives (cancer is not present but the test says it is).		
			tion to make a diagnosis and may have to
	ne above information. It has been expla a person from the agency/clinic.	ined to me and I believe	I understand it. My questions have been
Signature of client		Date	
The client red	ceived the above information and I beli	eve she or he understan	ds it.
Signature of	Witness	Date	